

collateral circulation, particularly with the enlargement of the articular arteries about the knee, which always increase remarkably in size, after the filling up of the sac, in cases of popliteal aneurism.

In conclusion, it may, I think, be laid down from what precedes, that the ancient and modern methods of employing pressure are essentially different; and although the two proceedings bear the same name, there is really no more resemblance between them than between the old operation for aneurism (in which the sac was laid open and the artery tied above and below it) and the Hunterian method, in which the vessel is tied at a distance from the sac and in a situation where its coats are healthy.—*Dublin Medical Press*, Jan. 21, 1846.

36. *Aneurism at the commencement of the Femoral artery—Ligature of the External Iliac.* By A. Kidd, Esq., (*Dublin Med. Press*, Jan. 21.)—The subject of this case was a girl 22 years of age, who, in 1840, accidentally fell upon the margin of a large tub, that portion of the right thigh just below Poupart's ligament coming against it. Two days afterwards she first observed a small pulsating tumour, which gradually increased, and when she applied to Mr. Kidd, nearly five years after the accident, it was an immense tumour situated in the right inguinal region, coming up closely to Poupart's ligament, of a conical form, the base inferiorly and internally, the apex superiorly and externally in the direction of the anterior superior spinous process of the ilium, rather irregular on the surface, and with a good many large dilated veins meandering beneath the skin. The tumour measured from above downwards, 7 inches. Transversely, 11 inches. Thickness of it round the thigh, 23 inches. Thickness of thigh in opposite side in same situation, 16½ inches. Difference in circumference between the two, 6½ inches.

The pulsation in the tumour at this time was not very distinct, which is easily accounted for by its long standing and great size, but upon examining it carefully Mr. K. easily satisfied his mind that it was present, and that it was synchronous with the pulse. By the aid of the stethoscope the bruit de soufflet was quite audible over the tumour; the extremity below was swollen and œdematous; the tumour on pressure felt hard and solid; the veins coming up from the foot and leg seemed large and varicose; she complained of cramps and pain down the thigh, with a good deal of uneasy feeling in the tumour; exercise always gave pain, and she was obliged to avoid it as much as possible.

On the 28th Oct., 1845, Mr. K. applied a ligature to the external iliac artery; the patient convalesced without any unfavourable occurrence. Two months after the operation, the date of the last report, the tumour had very much lessened, the wound had long before healed; the ligature was taken away on the 19th day.

37. *Aneurism of the Abdominal Aorta, simulating Calculus in the Bladder.*—Mr. FENWICK relates in the *Lancet* (Jan. 24th, 1846), an interesting example of this. The subject of the case was a man 32 years of age, admitted into the Newcastle-upon-Tyne Infirmary in Sept., 1838, under Mr. Greenhow. The patient "complained of violent pain at the glans penis and pubic region during and after micturition, also of pain in the region of the kidneys, and at the scrobiculis cordis. Urine red, depositing a thick sediment; tongue white and appetite bad. His illness had been of two years' duration, and was attributed to distress of mind. The symptoms appearing to indicate the presence of a stone in the bladder; a sound was introduced, but no calculus could be detected. Five days after his admission, he was seized with sudden faintness, the countenance became anxious, the voice whispering, the pulse exceedingly feeble, and the stomach rejected all food. On attempting to rise from his bed, three days afterwards, he was again attacked with sudden fainting, from which he never rallied, but died in a few hours.

*Autopsy, thirty-six hours after death.*—The abdomen was found filled with blood, which had proceeded from the bursting of an aneurism of the aorta. The tumour was the size of a large orange, and had produced caries of the bodies of the vertebæ on which it rested, and to which it firmly adhered. The heart was enlarged; the left ventricle hypertrophied, and the tricuspid valve thickened. No calculus in the bladder, and no appearance of disease in any of the urinary organs.

"*Remarks.*—1st. This case presents an instance of a fact frequently observed in the practice of medicine, that an irritation applied to a nerve is often only indi-

cated by pain in a distant part. Here the pressure upon the aortic plexus produced the usual symptoms of calculus in the bladder, by means, we may suppose, of the communications of the aortic with the hypogastric plexus of nerves. 2dly. It would appear, from the sudden depression observed five days after his admission, that the aneurism had burst at that time, but that the hemorrhage had been arrested by natural means until three days afterwards, when the fatal rupture took place."

38. *Aneurism by Anastomosis of the Scalp.* By WM. FRASER, M. D., of Montreal. (*British American Journal*, Feb., 1846.)—The subject of this case was a man 20 years of age, who consulted Dr. Fraser on the 19th June last, on account of a tumour about the size of half an orange, situated over the posterior and superior angle of the right parietal bone.

About twelve years previously he fell on his back; that part of the head occupied by the tumour struck a log, which produced a bruise of the scalp; this spot became very hard, then commenced throbbing, and has been gradually enlarging; during the year preceding the above date, it had increased more than during any former one, and so troublesome had the whizzing pulsation he then experienced become, that it occasionally prevented him from sleeping; in other respects he enjoyed good health.

To the eye pulsation in the tumour was very apparent; the scalp covering it was thinner than natural, but not discoloured; to the ear, aided with the stethoscope, the aneurismal bruit was distinctly perceptible; to the feel it was soft, communicated a peculiar thrill to the finger, and could be nearly emptied by pressure, when the bone beneath felt deeply and irregularly indented; on removing the pressure it refilled almost immediately. The occipital and temporal arteries on the same side were greatly enlarged, and imparted a vibrating sensation to the finger placed over them. The bone beneath them also was channelled out, evidently by the continued stream of blood passing through the enlarged and excited vessels, having caused its absorption.

It was determined to try the effect of the consolidation of the tumour by means of setons. Accordingly, on the same day (June 19th) three small setons were passed through it.

On the 21st, passed a fourth, and two through the occipital artery, between the tumour and mastoid process.

On the 24th, a needle was passed beneath the occipital artery, just where it emerges from behind the mastoid process, and a hare-lip suture, twisted around it sufficiently tight to keep its anterior and posterior surfaces in close contact, with the view of thereby producing their adhesion and its obliteration. The temporal, close to the edge of the zygoma, was treated in the same way. This had the immediate effect of arresting the strong pulsation and vibration, in both tumour and arteries, and even the bruit was but faintly perceived with the stethoscope.

28.—Feeble pulsations again perceptible in the right temporal and occipital. The stethoscopic bruit more distinct in the tumour; considerable irritation from setons—three of them removed; one was followed by a gush of arterial blood, which was arrested by continued pressure. No more irritation where needles have been applied than desirable. Painted tumour with iodine.

29th.—Two more setons were removed; hemorrhage again followed, which was stopped after a good deal of trouble, by continued pressure with the sponge.

30th.—The varicose appearance of the arteries had almost entirely disappeared; their course was not now perceptible. The bruit was still heard in the tumour, most distinctly so on its left side, where an enlarged branch of the left occipital entered it, and seemed its chief supply. When this branch and the temporal of the same side were sufficiently pressed upon to stop the current of blood through them, the stethoscopic bruit was no longer heard. This induced Dr. F. to treat them in the same way as the right, with needles and hare-lip sutures, which completely removed the bruit for the time.

At the same time Dr. F. removed the sutures and needles applied to the arteries of the right side on the 24th. A jet of arterial blood followed the withdrawal of the occipital needle, which was easily stopped by pressure.

The tumour, which was now very flaccid, was emptied of blood, strapped